

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 01/24/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135  
 Facility Code: BTV Housing Area: SHU  
 29 Y old Male, DOB: 12/27/1995  
 Account Number: 1001847441  
 4250 FEDERAL DRIVE, BATAVIA, NY-14020  
 Appointment Facility: Buffalo SPC

01/24/2025

Appointment Provider: Sidney Knight, LCSW

### Reason for Appointment

1. MH SEG rounds

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Verbally, Other*Describe: *SHU Status Report*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Narrative:

Writer greeted Mr. Lucce during mental health (MH) rounds in SHU. Patient again stated belief that a device was inserted into his body to monitor him. Mr. Lucce stated writer has not helped him. Writer informed patient that he (writer) informed both his medical provider and psychiatrist of his report. Mr. Lucce acknowledged writer's effort and states he would like for writer to document his request for a physical within his medical record. Writer agreed to include today's conversation within SEG round note. Mr. Lucce denies any MH related needs and is educated on how to access MH services via sick-call.

#### BH Clinical Data:

##### Mental Status Exam

Appearance: *Well groomed*Level of alertness: *Conscious*Speech: Is it normal in tone, volume and quantity? *Yes*Behavior: *Appropriate for the particular situation*Orientation: *They know where they are and what they are doing here, They know who you are, They can tell you the day, date and year*Mood: *other*Describe: *Neutral*Affect: *Appropriate*Thought process: *Logical and presented in an organized fashion*Thought content: *paranoid*Describe: *Use Notes Section Patient shared belief that there was a camera inserted into his body to monitor him.*Judgment: *Insightful*Is the detainee currently exhibiting symptoms of serious mental illness, disorder or condition? *No*

##### Segregation Data Checklist

1. Does the patient have a Mental Health (MH) DSM 5 diagnosis? *Yes*What is the patients DSM 5 diagnosis? *Please document: Reaction to severe stress, unspecified; Cannabis dependence with intoxication, unspecified; Other psychoactive substance abuse, uncomplicated*2. Does the patient present any active symptoms? *No*3. Is the patient receiving MH treatment? *Yes*MH Treatment: *Psychotropic medications, Talk therapy*4. Is the patient compliant with his/her treatment? *No*Patient is non-compliant with the following MH Treatment(s): *Talk therapy*Please explain: *Use Notes Section Refuses mental health f/u sessions*5. Is the patient currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the patient or the safety/security of the facility? *No*6. Has there been deterioration on the patient's condition while in segregation? *No*7. Is the patient involved in activities while he/she is in segregation? *Yes*Activities: *Books or reading material*General Comments/Observations/Notes: *SHU Officer reports no concerns. BHP assessed and determined that current housing unit is adequate to address continuity of care needs and is not contraindicated for recommended treatment.*8. Would the patient benefit from a higher level of care? *No*9. Is the patient frequently followed up by medical personnel (other than MH)? *Yes*Please state the frequency: *Use Notes Section Daily RN rounds*10. Is the patient frequently followed up by MH personnel? *Yes*

*documentary evidence*

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 01/10/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135

Facility Code: BTV Housing Area: SHU

29 Y old Male, DOB: 12/27/1995

Account Number: 1001847441

4250 FEDERAL DRIVE, BATAVIA, NY-14020

Appointment Facility: Buffalo SPC

01/10/2025

Appointment Provider: Robert Belde, Psy D

### Reason for Appointment

1. Sick Call + MH SEG Rounds

### History of Present Illness

#### Columbia Suicide Severity Rating Scale C-SSRS:

Columbia Suicide Severity Rating Scale

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up? *No*
2. In the past month, have you had any actual thoughts of killing yourself? *No*
3. Have you ever done anything, started to do anything, or prepared to do anything to end your life? *No*
4. Is there a YES response to question 2b, 2c, or 3a? *No*
5. Is there a YES response to question 2a or 3? *No*
6. Is there a YES response to question 1 or 2? *No. Based on the response, no behavioral health referral is indicated at this time.*

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Verbally, Other*Describe: *SHU Status Report*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Narrative:

Patient was reminded of his right to privacy, protected health information, and voluntary access to services. The patient was also reminded the purpose of this appointment and the limits of confidentiality. The patient was informed that mental health services are voluntary and about his right to refuse treatment. He acknowledged understanding of the information and verbally agreed to continue with this clinical encounter.

Mr. Lucce was seen for a mental health sick call visit in the context of weekly mental health segregation rounds. He continues to c/o not sleeping well (reports sleeping no more the two hours per night for the past several months, prior to being detained), hearing voices of the three people who "injected" him in neck with a computer chip, and concerns that because of the computer chip, his personal information will be shared with others and that this will negatively affect his immigration case. Pt states the psychiatric medication has not helped him, even with sleep. He states his problems are not mental health related, but physical, due to the "chip" that was planted in his body. Nonetheless, I encouraged the pt to continue with psychiatric treatment in order to help address the symptoms that are of concern to him. He verbalized understanding and expressed appreciation for the visit. .

#### BH Clinical Data:

Mental Status Exam

Appearance: *Well groomed*Level of alertness: *Conscious*Speech: Is it normal in tone, volume and quantity? *Yes*Behavior: *Appropriate for the particular situation*Orientation: *They know where they are and what they are doing here, They know who you are, They can tell you the day, date and year*Mood: *other*Describe: *Frustrated*Affect: *Appropriate Congruent with content*Thought process: *Logical and presented in an organized fashion*Thought content: *not paranoid*Judgment: *Insightful*Is the detainee currently exhibiting symptoms of serious mental illness, disorder or condition? *No*

#### Segregation Data Checklist

1. Does the patient have a Mental Health (MH) DSM 5 diagnosis? *Yes*

What is the patients DSM 5 diagnosis? *Please document: Reaction to severe stress, unspecified; Cannabis dependence with intoxication, unspecified; Other psychoactive substance abuse, uncomplicated*

2. Does the patient present any active symptoms? *No*3. Is the patient receiving MH treatment? *Yes*MH Treatment: *Psychotropic medications, Talk therapy*

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 01/02/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135

Facility Code: BTV Housing Area: SHU

29 Y old Male, DOB: 12/27/1995

Account Number: 1001847441

4250 FEDERAL DRIVE, BATAVIA, NY-14020

Appointment Facility: Buffalo SPC

01/02/2025

Appointment Provider: Mildred Colon, LCSW

### Reason for Appointment

1. Nursing

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Verbally, Other*Describe: *SHU Status Report*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Narrative:

I went to see patient as a sick call from TE sent by nursing. I had reviewed his chart and there are concerns about his compliance with medication however a follow up with psychiatry is scheduled. I go see him in SHU where he is housed for disciplinary reasons. He is laying down gets up and tells me he doesn't have a problem seeing Dr. Gonzalez or Dr. Belde but his problem is not "mental I have a chip implanted and I need to have it out". He is no acute presentation and no concerns of odd or unusual behavior reported by CDO I briefly addressed treatment adherence and he says, "nothing is going to fix the PTSD" I do encourage him to follow treatment as prescribed and discuss specific needs/symptoms at next visit with psychiatrist. He agreed. In the meantime he can see APP/nursing if needed. . .

#### BH Clinical Data:

Mental Status Exam

Appearance: *Well groomed*Level of alertness: *Conscious*Speech: Is it normal in tone, volume and quantity? *Yes*Behavior: *Appropriate for the particular situation*Orientation: *They know where they are and what they are doing here, They know who you are, They can tell you the day, date and year*Mood: *other*Describe: *Neutral*Affect: *Appropriate*Thought process: *Logical and presented in an organized fashion*Thought content: *paranoid*Describe: *Use Notes Section Patient shared belief he had monitoring device inserted into his body to monitor his activities.*Judgment: *Insightful*Is the detainee currently exhibiting symptoms of serious mental illness, disorder or condition? *No*

Segregation Data Checklist

1. Does the patient have a Mental Health (MH) DSM 5 diagnosis? *Yes*What is the patients DSM 5 diagnosis? *Please document: Reaction to severe stress, unspecified; Cannabis dependence with intoxication, unspecified; Other psychoactive substance abuse, uncomplicated*2. Does the patient present any active symptoms? *No*3. Is the patient receiving MH treatment? *Yes*MH Treatment: *Psychotropic medications, Talk therapy*4. Is the patient compliant with his/her treatment? *No*Patient is non-compliant with the following MH Treatment(s): *Talk therapy*Please explain: *Use Notes Section Refuses mental health f/u sessions*5. Is the patient currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the patient or the safety/security of the facility? *No*6. Has there been deterioration on the patient's condition while in segregation? *No*7. Is the patient involved in activities while he/she is in segregation? *Yes*Activities: *Books or reading material*General Comments/Observations/Notes: *SHU Officer reports no concerns. BHP assessed and determined that current housing unit is adequate to address continuity of care needs and is not contraindicated for recommended treatment.*8. Would the patient benefit from a higher level of care? *No*9. Is the patient frequently followed up by medical personnel (other than MH)? *Yes*Please state the frequency: *Use Notes Section Daily RN rounds*

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 12/30/2024



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135

Facility Code: BTV Housing Area: SHU

29 Y old Male, DOB: 12/27/1995

Account Number: 1001847441

4250 FEDERAL DRIVE, BATAVIA, NY-14020

Appointment Facility: Buffalo SPC

12/30/2024

Appointment Provider: Sidney Knight, LCSW

### Reason for Appointment

1. MH SEG round

### History of Present Illness

#### Patient Identification:

##### Patient Identification

Patient properly identified by 2 sources including: *Verbally, Other*Describe: *SHU Status Report*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Narrative:

Writer greeted Mr. Lucce during mental health (MH) rounds in SHU. Patient reported medication is not working as he would like. He reports belief that a device was inserted into his body to monitor him. Mr. Lucce denies any thoughts or impulse to harm self or others. He states no MH related needs but desire to have physical exam. Writer informed patient that he would inform his psychiatrist regarding the medication not working and prompted him to speak with nurse during sick-call regarding any health related concerns.

#### BH Clinical Data:

##### Mental Status Exam

Appearance: *Well groomed*Level of alertness: *Conscious*Speech: Is it normal in tone, volume and quantity? *Yes*Behavior: *Appropriate for the particular situation*Orientation: *They know where they are and what they are doing here, They know who you are, They can tell you the day, date and year*Mood: *other*Describe: *Neutral*Affect: *Appropriate*Thought process: *Logical and presented in an organized fashion*Thought content: *paranoid*Describe: *Use Notes Section Patient shared belief he had monitoring device inserted into his body to monitor his activities.*Judgment: *Insightful*Is the detainee currently exhibiting symptoms of serious mental illness, disorder or condition? *No*

##### Segregation Data Checklist

1. Does the patient have a Mental Health (MH) DSM 5 diagnosis? *Yes*What is the patients DSM 5 diagnosis? *Please document: Reaction to severe stress, unspecified; Cannabis dependence with intoxication, unspecified; Other psychoactive substance abuse, uncomplicated*2. Does the patient present any active symptoms? *No*3. Is the patient receiving MH treatment? *Yes*MH Treatment: *Psychotropic medications, Talk therapy*4. Is the patient compliant with his/her treatment? *No*Patient is non-compliant with the following MH Treatment(s): *Talk therapy*Please explain: *Use Notes Section Refuses mental health f/u sessions*5. Is the patient currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a threat to the patient or the safety/security of the facility? *No*6. Has there been deterioration on the patient's condition while in segregation? *No*7. Is the patient involved in activities while he/she is in segregation? *Yes*Activities: *Books or reading material*General Comments/Observations/Notes: *SHU Officer reports no concerns. BHP assessed and determined that current housing unit is adequate to address continuity of care needs and is not contraindicated for recommended treatment.*8. Would the patient benefit from a higher level of care? *No*9. Is the patient frequently followed up by medical personnel (other than MH)? *Yes*Please state the frequency: *Use Notes Section Daily RN rounds*10. Is the patient frequently followed up by MH personnel? *Yes*Please state frequency: *Use Notes Section Weekly MH rounds*



Unloaded on: 09/12/2024 at 07:44:22 AM (Eastern Daylight Time) Base City: BTV  
 US ICE | Patient Name : LUCCE, KARL | DOB : 12/27/1995 | A: 062348065

LUCCE, KARL HENRY DOB: 12/27/1995 (28 yo M) Acc No. 1001847441 DOS: 08/06/2024



## U.S. Immigration and Customs Enforcement

**LUCCE, KARL HENRY**

A: 062348065 SubID: 394331135  
 Facility Code: BTV Housing Area: A2  
 28 Y old Male, DOB: 12/27/1995  
 Account Number: 1001847441  
 4250 FEDERAL DRIVE, BATAVIA, NY-14020  
 Appointment Facility: Buffalo SPC

08/06/2024

Appointment Provider: Graciela Gonzalez, MD

### Reason for Appointment

1. INITIAL PSYCHIATRY APPT

### History of Present Illness

#### Narrative:

This 28 y/o male patient was identified verbally and by picture. The patient was seen through the Telehealth system. His clinical record was reviewed prior to the session. He was chaperoned. No translation needed; the patient is fluent in English. The patient has been advised about the purpose of the assessment, the role of the Psychiatrist, and the approach of the Mental Health Services. The patient has verbalized understanding and agreement to participate in the mental health services. Health screening evaluations were done upon arrival.

The patient stated that currently he is having "sporadic tingling and weird sensations in his left arm and head, hears voices, and insomnia". He stated that "in his last imprisonment (he stayed in jail for 5 years) somebody injected him in the neck, while he was sleeping, and placed some kind of chip in his body". He indicated that "he is having his symptoms ever since". He mentioned that "he does not know who or why it was done". He stated that he never received any treatment while in jail. He indicated that he never had any symptoms prior to his imprisonment and the injection to the neck". There is history of smoking K2 about 4 months ago. He also reports cannabis abuse. There is no history of hospitalizations allergies or physical conditions (except for congenital left lazy eye.

### Past Medical History

Lazy eye (Left) - patient reports "born this way".

### Allergies

N.K.D.A.

### Review of Systems

#### Psychiatric:

Anxiety denies. Delusional thoughts **admits**. Auditory/visual hallucinations **admits**. Delusions denies. Depressed mood denies. Difficulty sleeping **admits**. Eating disorder denies. Homicidal thoughts denies. Inability to concentrate denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits**. Substance abuse denies. Suicidal thoughts denies.

### Examination

#### General Examination:

Mental Status: This 28 y/o patient looks his stated age. He is well groomed and shows adequate personal hygiene. He is not presenting psychomotor disturbances, tics, coordination problems or stereotyped movements. His speech is normal in flow, frequency, tone, and articulation. He does not present any receptive or expressive language problems. Adequate eye contact during the interview. He is cooperative and polite. His mood is euthymic, and he exhibits a broad range of affect. He is logical, relevant, and coherent. There were no delusions, suicidal or homicidal ideations during the session. There was no evidence of hallucinations or illusions during the session. He is alert and oriented in person, place, and time. His intelligence is average. His memory (immediate, recent, and remote) is intact. His control of impulses is fair. His insight and judgement are fair.

### Assessments

1. Reaction to severe stress, unspecified - F43.9
2. Cannabis dependence with intoxication, unspecified - F12.229
3. Other psychoactive substance abuse, uncomplicated - F19.10

The patient is in full contact with reality and not harmful to self or others. He did not present anxiety, affective, thought, or perceptual symptoms during the session. I recommended starting him on aripiprazole (for his stated psychotic symptoms) and hydroxyzine for his insomnia. The therapeutic and potential side effects of the medications were discussed with the patient. He understood and agreed with the plan.

### Treatment

#### 1. Others

Start Aripiprazole Tablet, 5 MG, 1 tablet, Orally, at bedtime, 90 days, 90, Refills 0, KOP: No, Drug Source: Pharmacy

### Visit Codes

EOIR - 32 OF 65

US ICE | Patient Name : LUCCE, KARL | DOB : 12/27/1995 | A: 062348065

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 02/27/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135

Facility Code: BTV Housing Area: SHU

29 Y old Male, DOB: 12/27/1995

Account Number: 1001847441

4250 FEDERAL DRIVE, BATAVIA, NY-14020

Appointment Facility: Buffalo SPC

2/27/2025

Appointment Provider: Sidney Knight, LCSW

### Reason for Appointment

1. MH SEG rounds

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Verbally, Other*Describe: *SHU Status Report*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Columbia Suicide Severity Rating Scale C-SSRS:

Columbia Suicide Severity Rating Scale

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up? *No*
2. In the past month, have you had any actual thoughts of killing yourself? *No*
3. Have you ever done anything, started to do anything, or prepared to do anything to end your life? *No*
4. Is there a YES response to question 2b, 2c, or 3a? *No*
5. Is there a YES response to question 2a or 3? *No*
6. Is there a YES response to question 1 or 2? *No. Based on the response, no behavioral health referral is indicated at this time.*

#### Narrative:

Writer met with Mr. Lucce during mental health (MH) rounds in SHU. Patient reports ongoing belief that he has implants throughout his body that monitor his activities and cause electric shock. Patient has made reports to other medical and mental health staff of this belief. Mr. Lucce was calm when reporting and did not present any visible signs of distress. He states current condition is not MH related. BFDF psychiatrist has met with Mr. Lucce and he has a follow-up scheduled. Patient reports having clear interactions with an individual who threatened to implant a device in him and he believes the person eventually did. Mr. Lucce shared belief that an x-ray would be able to identify the devices for removal. Writer acknowledged patient's report and offered to inform medical provider and his psychiatrist. Mr. Lucce thanked writer and stated any help for him to see his medical provider will be appreciated. Patient states often feeling distracted due to the implants but denies any impulse or thoughts to harm or kill-self.

#### BH Clinical Data:

Mental Status Exam

Appearance: *Well groomed*Level of alertness: *Good attention*Speech: Is it normal in tone, volume and quantity? *Yes*Behavior: *Appropriate for the particular situation*Orientation: *They know where they are and what they are doing here, They know who you are*Mood: *other*Describe: *Frustrated*Affect: *Appropriate*Thought process: *Logical and presented in an organized fashion*Thought content: *not paranoid*Judgment: *Insightful*Is the detainee currently exhibiting symptoms of serious mental illness, disorder or condition? *No*

Segregation Data Checklist

1. Does the patient have a Mental Health (MH) DSM 5 diagnosis? *Yes*What is the patient's DSM 5 diagnosis? *Reaction to severe stress, unspecified - F43.9; Cannabis dependence with intoxication, unspecified - F12.229; Other psychoactive substance abuse, uncomplicated - F19.10*2. Does the patient present any active symptoms? *No*3. Is the patient receiving MH treatment? *Yes*MH Treatment: *Talk therapy*4. Is the patient compliant with his/her treatment? *No*Patient is non-compliant with the following MH Treatment(s): *Psychotropic medications, Talk therapy*Please explain: *Patient has refused psychotropic medication and mental health follow-up appointments*

5. Is the patient currently engaging in any dangerous or disruptive activity that would render his/her return to the general population a

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 03/11/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135  
 Facility Code: BTV Housing Area: A1  
 29 Y old Male, DOB: 12/27/1995  
 Account Number: 1001847441  
 4250 FEDERAL DRIVE, BATAVIA, NY-14020  
 Appointment Facility: Buffalo SPC

03/11/2025

Appointment Provider: Graciela Gonzalez, MD

### Reason for Appointment

1. FOLLOW UP

### History of Present Illness

#### Narrative:

This 29 y/o male patient was identified verbally and by picture. The patient was seen through the Telehealth system. His clinical record was reviewed prior to the session. He was chaperoned. No translation needed; the patient is fluent in English. The patient is in segregation. He is "angry, complaining that was unfair that he was placed in segregation". According to him, he had an f'fight with other detainee in regard to the tablet". He mentioned that "he is tired of hearing voices all day long (produced by the chip he has in his brain, injected through his neck vein while in prison), is not able to relax or sleep and makes him quite angry". He indicated that "he is tired of asking for a complete physical and brain studies, to determined where is the chip, what kind of damage it is producing, and also to make plans to remove it". He stated "that medications are not doing anything and never will, because the voices comes because/through of the chip". He is not reporting side effects from the medication.

### Past Medical History

Lazy eye (Left) - patient reports "born this way".  
 Altered mental status, unspecified.

### Allergies

N.K.D.A.

### Review of Systems

#### Psychiatric:

Anxiety denies. Delusional thoughts **admits**. Auditory/visual hallucinations **admits**. Delusions **admits**. Depressed mood **admits**, irritability. Difficulty sleeping **admits**. Eating disorder denies. Homicidal thoughts denies. Inability to concentrate denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits**. Substance abuse denies. Suicidal thoughts denies.

### Examination

#### General Examination:

Mental Status: This 29 y/o patient looks his stated age. He is well groomed and shows adequate personal hygiene. He is not presenting psychomotor disturbances, tics, coordination problems or stereotyped movements. His speech is normal in flow, frequency, tone, and articulation. He does not present any receptive or expressive language problems. Adequate eye contact during the interview. He is cooperative and polite. His mood is angry and irritable, and he exhibits a broad range of affect. He is logical, relevant, and coherent. There were no delusions, suicidal or homicidal ideations during the session. There was no evidence of hallucinations or illusions during the session. He is alert and oriented in person, place, and time. His intelligence is average. His memory (immediate, recent, and remote) is intact. His control of impulses is poor. His insight and judgement are poor.

### Assessments

1. Cannabis dependence with intoxication, unspecified - F12.229
2. Other psychoactive substance abuse, uncomplicated - F19.10
3. Adjustment disorder with mixed disturbance of emotions and conduct - F43.25

R/O antisocial Personality Disorder.

The patient is in contact with reality and not harmful to self or others. He is presenting an irritable and angry mood with a broad range of affect. He did not present anxiety, thought, or perceptual symptoms during the session. His insight, judgement, and impulse control are poor. I recommended increasing his antidepressant and add olanzapine to decrease/control his impulsivity, stabilize his mood, and to address his stated auditory hallucinations and delusions. The therapeutic and potential side effects of the medications were discussed with the patient. He understood and agreed with the plan. Lab work was ordered today.

### Treatment

#### 1. Cannabis dependence with intoxication, unspecified

Start trazODone HCl Tablet, 100 MG, one tablet do not crush, Orally, at bedtime, 90 days, 90, Start Date: 03/11/2025, Stop Date: 06/09/2025, Refills 0, KOP: No, Drug Source: Pharmacy

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 02/11/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135  
 Facility Code: BTV Housing Area: A1  
 29 Y old Male, DOB: 12/27/1995  
 Account Number: 1001847441  
 4250 FEDERAL DRIVE, BATAVIA, NY-14020  
 Appointment Facility: Buffalo SPC

02/11/2025

Appointment Provider: Patricia A. Booth, RN

### Reason for Appointment

1. Seg Rounds/Sick Call

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Verbally, Wrist Band*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Patient speaks English fluently*

#### Segregation:

Segregation Rounds

Are you currently thinking about killing or harming yourself? *No*Do you have any medical complaints or concerns at this time? *No*Was referral made to clinical services (MD/MLP, Dental, MH, Sick Call)? *No*

#### Narrative:

Pt requesting to see Mental Health. Pt stated that I.C.E. placed implants in him that he wants removed before he leaves. He also stated he will not leave this building with the implants.

### Examination

#### Segregation:

Segregation Evaluation: Patient has spontaneous speech and answers questions appropriately, in no acute distress, well developed, well nourished, Patient appears to be within normal limits of behavior, affect, and cognitive functioning, Patient does not appear to have any acute or unresolved medical conditions that may worsen in segregation, Patient does not appear to have active psychosis, mania, suicidal ideations or homicidal ideations.

### Assessments

Health Maintenance Related to Segregation Placement.

### Preventive Medicine

Patient educated on how to access medical / mental health / dental care while in Segregation.

### Visit Codes

99212 OFFICE/OUTPATIENT VISIT, EST (10-19 min).

Disposition: -----

Notes: Pt will be seen daily for seg rounds

Appointment Provider: Patricia A. Booth, RN





LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 01/26/2025



## U.S. Immigration and Customs Enforcement

LUCCE, KARL HENRY

A: 062348065 SubID: 394331135

Facility Code: BTV Housing Area: SHU

29 Y old Male, DOB: 12/27/1995

Account Number: 1001847441

4250 FEDERAL DRIVE, BATAVIA, NY-14020

Appointment Facility: Buffalo SPC

01/26/2025

Appointment Provider: Charlotte A Cavers, RN

### Reason for Appointment

1. SC: APPT REQUEST

### History of Present Illness

#### Patient Identification:

Patient is seen at sick call requesting a provider visit to find out what is implanted in his body. He goes into a long story that about a year ago he was bitten in the neck and something was implanted in his neck, shoulder, back and head. He tells me that he hears voices of 2 women in his mind that won't stop talking and he can't block them out. He believes his memory is getting worse because he used to remember things from when he was 2 years old and now he has trouble remembering recent events. He wants an xray or some sort of body scan to see where the implants are because when he goes back to Haiti he won't be able to get any medical care. He denies the voices telling him to do anything, just that they won't stop talking.

#### Patient Identification

Patient properly identified by 2 sources including: *ID Badge, Verbally*Chaperone Present? *No*What language do you speak? *English*Interpretation provided? *Provider fluent in patient's native language*

#### Pain Assessment:

Pain

Are you currently in pain? *No*

### Current Medications

Taking

- hydroXYZine HCl 50 MG Tablet 1 tablet as needed do not crush Orally at bedtime , stop date 01/27/2025, KOP: No, Drug Source: Pharmacy

### Vital Signs

Temp		
97.9	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
HR		
94	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
BP		
119/82 mm Hg	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
RR		
16 /min	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
Wt		
194.0 lbs	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
Ht		
71.5 in	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
BMI		
26.68 Index	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
Oxygen sat %		
98 %	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN
RA / #Liters O2 via:		
RA	01/26/2025 01:05:25 PM EST	Charlotte Cavers RN

### Examination

LUCCE, KARL HENRY DOB: 12/27/1995 (29 yo M) Acc No. 1001847441 DOS: 04/08/2025



## U.S. Immigration and Customs Enforcement

**LUCCE, KARL HENRY**

A: 062348065 SubID: 394331135  
Facility Code: BTV Housing Area: A1  
29 Y old Male, DOB: 12/27/1995  
Account Number: 1001847441  
4250 FEDERAL DRIVE, BATAVIA, NY-14020  
Appointment Facility: Buffalo SPC

04/08/2025

Appointment Provider: Graciela Gonzalez, MD

### Reason for Appointment

1. 1 MONTH FOLLOW UP

### History of Present Illness

#### Narrative:

This 29 y/o male patient was identified verbally and by picture. The patient was seen through the Telehealth system. His clinical record was reviewed prior to the session. He was chaperoned. No translation needed; the patient is fluent in English.

The patient came to the session showing irritability, talking loud, and stating that "he was angry because nobody was listening to him, doing PE, radiologic exams, or removing surgically the chips that are everywhere in his body" ("injected through his jugular while in jail"). He indicated "that this chips had placed two people in his head, that are constantly talking to him, not giving him a moment of peace". When I asked him why was he refusing medication for the last 2 weeks and also refusing blood work. He stated "that the medication was not doing anything for him (he needed surgery) and that the labs were not going to show anything". When I ask again if he was interested in treatment, he indicated that "this provider cannot do anything for him and that he did not want the medications anymore".

### Current Medications

#### Taking

- traZODone HCl 100 MG Tablet one tablet do not crush Orally at bedtime , stop date 06/09/2025, KOP: No, Drug Source: Pharmacy
- OLANzapine 10 MG Tablet Disintegrating 1 tablet on the tongue and allow to dissolve Orally at bedtime , stop date 06/09/2025, KOP: No, Drug Source: Pharmacy

### Past Medical History

Lazy eye (Left) - patient reports "born this way".  
Altered mental status, unspecified.

### Allergies

N.K.D.A.

### Review of Systems

#### Psychiatric:

Anxiety denies. Delusional thoughts denies. Auditory/visual hallucinations hearing voices, **admits**. Delusions **admits to people injecting him chips through his vain while in jail**. Depressed mood **admits to anger**. Difficulty sleeping **admits**. Eating disorder denies. Homicidal thoughts denies. Inability to concentrate denies. Loss of appetite denies. Mental or Physical abuse denies. Stressors **admits**. Substance abuse denies. Suicidal thoughts denies.

### Vital Signs

	Temp	
98.1	04/08/2025 09:14:33 AM EDT	Mildred Colon LCSW
	HR	
88	04/08/2025 09:14:33 AM EDT	Mildred Colon LCSW
	BP	
125/80 mm Hg	04/08/2025 09:14:33 AM EDT	Mildred Colon LCSW
	RR	
16 /min	04/08/2025 09:14:33 AM EDT	Mildred Colon LCSW
	Wt	
207 lbs	04/08/2025 09:14:33 AM EDT	Mildred Colon LCSW

Uploaded on: 09/12/2024 at 07:44:22 AM (Eastern Daylight Time) Base City: BTV  
 US ICE | Patient Name : LUCCE, KARL | DOB : 12/27/1995 | A: 062348065

LUCCE, KARL HENRY DOB: 12/27/1995 (28 yo M) Acc No. 1001847441 DOS: 09/09/2024



## U.S. Immigration and Customs Enforcement

**LUCCE, KARL HENRY**

A: 062348065 SubID: 394331135  
 Facility Code: BTV Housing Area: SHU  
 28 Y old Male, DOB: 12/27/1995  
 Account Number: 1001847441  
 4250 FEDERAL DRIVE, BATAVIA, NY-14020  
 Appointment Facility: Buffalo SPC

09/09/2024

Appointment Provider: Robert Belde, Psy D

### Reason for Appointment

1. Mental health sick call request

### History of Present Illness

#### Patient Identification:

Patient Identification

Patient properly identified by 2 sources including: *Picture, Verbally*

Chaperone Present? *No*

What language do you speak? *Haitian Creole, English*

Interpretation provided? *Patient speaks English fluently*

#### Narrative:

Patient was reminded of his right to privacy, protected health information, and voluntary access to services. The patient was also reminded the purpose of this appointment and the limits of confidentiality. The patient was informed that mental health services are voluntary and about his right to refuse treatment. He acknowledged understanding of the information and verbally agreed to continue with this clinical encounter.

Mr. Lucce was seen for a mental health sick call visit. He spoke about his disciplinary SHU status. He vented his frustration about the ticket he received for having a battery he purchased from the commissary. States he wasn't using it as an incendiary device. He feels this was retaliation for making a complaint about a custody officer. He spoke about not receiving his psychiatric medication. It was noted that he had been recurrently declining it. He said it's helpful when he takes it. Encouraged him to discuss his medication usage with the psychiatrist at their next follow-up this week. He said he has nothing to read, like a Bible or any other books. I asked if he wanted a Bible and another book from the library, and he said yes. I dropped off these books to SHU for him at the conclusion of this appt. He reported no other current complaints, save for not being able to sleep last night in SHU. .

### Examination

#### General Examination:

Mental Status: Pt presented as clean, grooming was appropriate, in uniform of the day. Pt alert and oriented to person, place, and date. Mood: frustrated. Affect: mildly constricted and congruent with content. Speech: normal rate, rhythm, volume. Motor activity: normal range, no disturbance. Eye contact: appropriate. Behavior was cooperative. Insight: intact. Judgment: intact. Intellectual functioning is normal. Thought processes were logical and organized. Thought content devoid of hallucinations/delusions and without suicidal or homicidal ideation. .

### Assessments

1. Reaction to severe stress, unspecified - F43.9 (Primary)

### Treatment

#### 1. Reaction to severe stress, unspecified

Notes: There is no mental health related reason to preclude general population at this time.

Follow up with mental health as scheduled or earlier as needed via sick call.

Psychiatry as scheduled.

Role of allied healthcare providers: encourage medication compliance and proactive coping strategies. Monitor and provide support.

Provide psychoeducation on symptom management.

Address coping skills, cognitive control, and stress/mood management.

Patient consents to mental health treatment.

Will review treatment plan every 90 days.

Goals:

1. Patient will not harm himself or other people.
2. Patient will experience mood management at least 70% of the time.
3. Patient will take medication as prescribed.
4. Patient will follow facility mandates and comply with the treatment plan.
5. Patient will participate in proactive coping strategies, e.g., exercise with the limits of his physical abilities, pleasurable activities, social support, legal self-advocacy, and religion/spiritual practice.

EOIR - 15 of 65

Uploaded on: 09/12/2024 at 07:44:22 AM (Eastern Daylight Time) Base City: BTV  
 US ICE | Patient Name : LUCCE, KARL | DOB : 12/27/1995 | A: 062348065

LUCCE, KARL HENRY DOB: 12/27/1995 (28 yo M) Acc No. 1001847441 DOS: 08/04/2024

**Confirmatory sign off:**

Gonzalez MD, Graciela M 08/05/2024 09:25:03 AM Gavin RN, Eileen A 8/4/2024 02:11:50 PM EDT > FYI - upcoming scheduled Telepsych scheduled: Patient reports to sick call with request for "a whole body check up because I know with my whole heart that there is something in my body" Patient states he believes that in Jan 21, 2024 when he was in isolation at Riverview Correctional in Ogdensburg, NY that he ate food that "had something in it, and I was knocked out" States that when he woke up there was a swelling to the left side of his neck. He believes that he was injected while he was sleeping and a tracking device placed inside of him "I can feel it in my brain." He states that since this date he has intermittent pain to the left shoulder, feels "shocks" all over his body, and can hear 3 people talking to him that he states "they know what I'm thinking before I think it" "can read my mind" "they think I know things I don't know, or they talk about my family and the people I care about" Patient admits that for five years he smoked K2 every day. States he has not smoked K2 since his arrival to ICE custody. States that playing basketball and soccer help to quiet the voices.



Electronically signed by Eileen Gavin RN on 08/04/2024 at 02:12 PM

Sign off status: Completed

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Buffalo SPC  
 4250 FEDERAL DRIVE  
 BATAVIA, NY 14020  
 Tel: 585-343-0814  
 Fax:

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**Progress Note: Eileen A Gavin, RN 08/04/2024**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*